

**FIA-308, LOCATING  
SERVICES  
REQUEST**

<b>LOCATING SERVICES REQUEST OFFICE OF CHILD SUPPORT Michigan Family Independence Agency PO BOX 30478 LANSING MI 48909-7978</b>				<b>NOTE: ALL YEARS REQUIRE 4 DIGITS</b>			
<b>LOCATE PERSON DATA:</b>				<b>CASE DATA:</b>			
6. Name (Last, First, Middle)				1. Case Type		2. Requester	
				<input type="checkbox"/> CS (IV-D Child Support)		<input type="checkbox"/> F <input type="checkbox"/> M	
9. Birthplace (City) State				<input type="checkbox"/> LC (Locate Only)		4. Case #	
10. Father's Name (Last, First, Middle)				<input type="checkbox"/> PK (Parental Kidnap)			
11. Mother's Name (Maiden Name, First, Middle)				<input type="checkbox"/> CV (Custody and Visitation)		5.	
20. Ever Live in MI <input type="checkbox"/> NO <input type="checkbox"/> YES				7. DOB (Mo., Day, Year)		8. Social Security Number	
21. If Yes, When (Years)							
23. Last Known Address (Number, Street, City, State, Zip)				12. Alias (Last, First, Middle)			
24. Previous Known Address (Number, Street, City, State, Zip)				13. Children's Names, Date and Place of Birth			
25. Last Known Employer, and Address (Number, Street, City, State, Zip)				14. Race 15. Sex 16. Height 17. Weight			
				22. Present Spouse's Name			
<b>CLIENT DATA:</b>				<b>SEARCHES REQUESTED:</b>			
26. Name (Last, First, Middle)		Date of Birth		31. State of MI Resources		32. SSN Search	
27. Address (Number, Street)		29. Mo., Yr. Sep.		1. <input type="checkbox"/> CIS 4. <input type="checkbox"/> Treasury		1. <input type="checkbox"/> SSN	
28. (City, State, Zip)		30. Relationship		2. <input type="checkbox"/> Corrections 5. <input type="checkbox"/> Workers' Compensation Data Warehouse		2. <input type="checkbox"/> SSN	
				3. <input type="checkbox"/> Secretary of State 6. <input type="checkbox"/> State		33. <input type="checkbox"/> Other	
<b>CERTIFICATION: Complete EITHER Item 34 or Item 35</b>							
34. I certify that this request is made to locate an individual for the purpose of establishing paternity or securing support.		35. I certify that this request is made to locate an individual for enforcing law with respect to the unlawful taking, making or enforcing a child custody and visitation decision.					
Signature/Agency		Date		Signature/Agency			
36. Comments							
<b>FOR STATE PLS USE ONLY</b>							
37. CIS (Public Assistance)				38. - 41. Routing			
<input type="checkbox"/> Inactive							
<input type="checkbox"/> No Record							
<input type="checkbox"/> Active							
<input type="checkbox"/> Reg. Pending							
<b>RESULTS:</b>							
42. Termination Reason		6. <input type="checkbox"/> Unable to locate		43. Termination Date		44. Correct SSN	
1. <input type="checkbox"/> Address found		7. <input type="checkbox"/> Deceased					
2. <input type="checkbox"/> Paroled		8. <input type="checkbox"/> Terminated by request		46. Alias (Last, First, Middle)			
3. <input type="checkbox"/> Possible information only		9. <input type="checkbox"/> Employer found					

**INSTRUCTIONS**

Form FIA-308, Locating Services Request, is used to request specialized resource or SSN searches in IV-D cases and Federal PLS searches in child custody and parental kidnapping cases. Entries on the form must be typewritten or printed. Illegible forms will not be processed.

Shaded areas of the form are for use by State PLS staff. The requestor is to fill in all other items of the form as completely as possible. This will increase the likelihood of a successful search and prevent investigations of the wrong person.

An instruction for completion of each item on the FIA-308 is provided below.

**Item  
Number**

**Item Name and Instruction**

1

**Case Type.** Enter a checkmark in the box next to the code which describes the case type. Check only one box. Code meanings are listed below:

AF = ADC IV-D case for a client who has applied for or receives ADC or an ADC Arrearage Case.

NF = Non-ADC IV-D case in which location services and other IV-D services are or will be provided under the IV-D program once the absent parent is located.

NL = Non-ADC IV-D case in which the client has requested location services only (e.g., the client has a private attorney who will pursue support once the absent parent is located).

PK = Non IV-D parental kidnapping case.

CC = Non IV-D child custody case.

**Note:** Support Specialists are not authorized to request location services in parental kidnapping or in child custody cases. See Items 400 and 410.

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**Requestor.** Enter a checkmark in the box next to the code which identifies the source of the request. Code meanings are listed below.

D = support specialist

S = sister state PLS

F = friend of the court

M = third party liability

P = prosecuting attorney

O = other authorized requestor

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**County.** Enter the two-digit code identifying the requestor's county. County codes are listed in Appendix 2.

- 4 **Case Number.** Enter the FIA case number consisting of a letter prefix, seven numbers, and a letter suffix. This item may be left blank only if a FIA case number has not been assigned (e.g., non IV-D child custody or parental kidnapping case). The IV-D case number, court case number or other locally assigned case number may be entered in Item 36, Comments.
- 5 **Control Number.**
- 6 **Name.** Enter the full name of the person for whom location information is requested; last, first, middle names, then any suffix (e.g., Jr., III). Skip a space between each name.
- In IV-D cases (case types AF, NF, or NL), the name entered in this item is the absent parent's name.
- In non IV-D child custody or parental kidnapping cases (case type CC or PK) the name entered in this item is either the absent parent or the child. (Separate FIA-308's are required to request information on both such persons.) If a child's name is listed in Item 6, substitute the word "child" for "absent parent" when using instructions provided below.
- 7 **DOB (Date of birth).** Enter the absent parent's month, day and year of birth using six digits (MMDDYY).
- 8 **Social Security Number.** Enter the absent parent's SSN.
- 9 **Absent Parent's Birthplace.** If Item 8, SSN, was not completed, identify the absent parent's birthplace. Enter the name of the city in the first 18 positions and the two-letter state code in the last two positions. See Appendix 4 for state codes. Use the comments section if necessary to complete the name of the city.
- 10 **AP Father's Name.** If Item 8, SSN, was not completed, enter the full name of the absent parent's father; last, first, then middle names. Enter father's name whether he is living or deceased. Skip a space between each name. Use the comments section if necessary to complete the name.
- 11 **AP Mother's Name.** If Item 8, SSN, was not completed, enter the maiden name of the absent parent's mother; last, first, then middle names. Enter mother's name whether she is living or deceased. Skip a space between each name. Use the comments section if necessary to complete the name.
- 12-13 **Alias.** If the absent parent uses a known alias(es), enter the name(s); last, first, then middle names. Skip a space between each name. Use the comments section if necessary to complete the name.

- 14-19      **Special Instruction.** Items 14-19 should be completed if possible in IV-D cases when a SSN search is requested or a special search of Michigan Secretary of State (SOS) records is requested. SOS personal ID files and certain records of other State IV-D agencies contain physical descriptions.
- 14      **Race.** Specify the absent parent's race.
- 15      **Sex.** Enter the letter "M" if the absent parent is a male or "F" if a female.
- 16      **Height.** Specify the absent parent's height in feet and inches.
- 17      **Weight.** Specify the absent parent's weight in pounds.
- 18      **Hair.** Specify the absent parent's hair color.
- 19      **Eyes.** Specify the absent parent's eye color.
- 20      **AP Ever Live in MI.** Indicate whether or not the absent parent ever lived in Michigan by entering a checkmark in the box next to "no" or to "yes."
- 21      **If Yes, When.** If the answer to Item 20 is yes, list the year(s) the absent parent lived in Michigan.
- 22      **Present Spouse Name.** If the absent parent is married to someone other than the client named in Item 26, enter the present spouse's first name, only, if known.
- 23      **Last Known Address.** Enter the absent parent's last known address as completely as possible and the approximate date (month and year) he/she last lived there.
- 24      **Previous Known Address.** Enter a previous address of the absent parent as completely as possible and approximate date (month and year) he/she last lived there.
- 25      **Last Known Employer and Address.** Enter the absent parent's last known employer and address as completely as possible and the approximate date (month and year) this employment terminated.
- 26      **Client Name.** Enter the client's name; last, first, then middle names.
- 27-28      **Address.** Enter the client's address.
- 29      **Mo. Yr. Sep.** Enter the approximate date the client and absent parent ceased to live together or ceased their relationship if they never lived together.
- 30      **Rel. to AP.** Specify the client's relationship to the absent parent e.g., spouse, ex-spouse, friend, etc.

- 31-33      **Searches Requested.** To request a special search in a IV-D case, complete Item 31 to identify State of Michigan resource(s) you want searched. If Vital Statistics is checked, identify the specific file (i.e., birth, death or marriage) you want searched. Identify other searches requested (e.g., Immigration and Naturalization) in Item 33.
- To request a SSN search in a IV-D case, complete Item 32. Indicate whether the SSN is unknown or invalid. List any invalid SSN. If it is believed that the absent parent resides or works in another state, enter a checkmark in the box in Item 33 and identify the state by its two-letter abbreviation (see Appendix 4).
- In child custody and parental kidnapping cases, Federal PLS searches are conducted; no entries are required in Item 31-33.
- 34-35      **Certification:** The requestor must sign and date the FIA-308 to attest to the purpose of the request.
- Item 34 is used in IV-D cases (case types AF, NL and NF) to certify that PLS information is requested for support related purposes.
- Item 35 is used in non-IV-D child custody or parental kidnapping cases (case type CC or PK). The signatory certifies that PLS information is requested in connection with a child custody determination or parental kidnapping case. Support specialists are not authorized to request location services in those cases.
- 36      **Comments.** As applicable, use the comments section as follows:
- Complete items if necessary by entering the item number circles and then the data.
  - Record the IV-D or court case number if helpful to you.
  - When a Secretary of State search is requested, provide the absent parent's driver license or license plate number.
  - When verification of death is requested, enter the place and approximate date of death.
  - When verification of a marriage is requested or when a SSN search is requested, enter the place and approximate date of the marriage and spouse's name.
  - When a SSN search is requested, identify the name and SSN of the custodial parent filing a joint tax return with the absent parent within the last three years.
  - When a SSN search is requested, identify the name of the absent parent's child, the child's date and place of birth in Michigan, and

the name of the child's other parent. If the other parent (e.g., the custodial parent) is the child's mother, enter her maiden name when known.

- Provide any additional information that will aid in locating the absent person.

**DISTRIBUTION**

Send the first 2 copies of the FIA-308 to the State PLS unit at the address listed below - Retain the third copy:

Michigan Department of Social Services  
Office of Child Support  
State Parent Locator Services  
P.O. Box 30037 (For ID Mail - 621 Commerce Center)  
Lansing, Michigan 48909